

OCC Form 5-103

CHARGE OF DISCRIMINATION		Charge Presented To:	Agency(ies) Charge No(s):
<small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		<input type="checkbox"/> FEPA	
		<input checked="" type="checkbox"/> EEOC	451-2019-03264
Ohio Civil Rights Commission			
State or Local Agency, if any			
<small>Name (Indicate Mr., Ms., Mrs.)</small> Ms. Jennifer Anderson		Home Phone (incl. Area Code)	Date of Birth
Street Address	City, State and ZIP Code		
29581 Shaker Dr., Wickliffe, OH 44092			
<small>Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency that I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)</small>			
<small>Name</small> OFFICE DEPOT		No. Employees/Members	Phone No. (Include Area Code)
Street Address	City, State and ZIP Code		
4501 W Braker Lane, Austin, TX 78759			
<small>Name</small> RELEO		No. Employees/Members	Phone No. (Include Area Code)
Street Address	City, State and ZIP Code		
<small>DISCRIMINATION BASED ON (check all that apply)</small> <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SFX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGI <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE	
		Earliest	Latest
		2017	01-31-2019
		<input type="checkbox"/> CONTINUING ACTION	
<small>THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s).)</small> I started working for Office Depot in 2017; as a Sales Consultant.			
I am an individual with a disability, which the Respondent is aware of.			
Since the beginning of my employment and continuing I have been treated less favorably than similarly situated employees by being constantly harassed and denied a reasonable accommodation; I complained and was disciplined. On January 31, 2019, I was discharged.			
I believe that I have been discriminated against due to my disability, in violation of Title I of the Americans with Disabilities Act of 1990, as Amended (ADA) and retaliated against for participating in a protected activity.			
<small>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</small>		<small>NOTARY - When necessary for State and Local Agency Requirements</small>	
<small>I declare under penalty of perjury that the above is true and correct.</small>		<small>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</small> <small>SIGNATURE OF COMPLAINANT</small>	
<small>11/25/2019</small> <small>Date</small>		<small>11/25/2019</small> <small>Charging Party Signature</small>	
<small>SUBSCRIBED AND SWEORN TO BEFORE ME THIS DATE</small> <small>(month day year)</small>			